
 Check or Credit Card to: ASA Mtgs Dept, 1429 Duke St. Alexandria, VA 22314-3415	 Credit Card only to (703) 684-8069
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International Conference on Establishment Surveys - II



ICES-II



Survey Methods for Businesses, Farms, and Institutions

June 17 - 21, 2000 • The Adam's Mark Hotel • Buffalo, New York

Must be Received by May 22, 2000 to be processed at the Advanced Registration Rate! • Forms Received Without Payment Will Be Returned

Instructions:

1. Print or type all information and retain a copy for your records.
2. Use a separate form for each registrant.
3. Purchase orders will **not** be accepted. No exceptions.
4. Mail form with payment to ASA Meetings Dept., 1429 Duke St., Alexandria, VA 22314-3415. Fax form (credit cards only) to +1 (703) 684-8069. Do **not** mail if you fax your form. Abstract submissions should **not** be faxed.
5. Registration form must be **received by May 22** to be processed at the reduced rate. Forms **received** after that date will be charged an additional \$100 late fee.
6. ASA Federal ID# 53-0204661

Full registration includes conference materials, Sunday lunch, refreshment breaks, and Tuesday lunch.

REGISTRATION


Name _____	ASA Member No. _____ (if applicable)
Badge Information _____	affiliation _____ city _____ state/country _____
Preferred Name for Badge _____	
Mailing Address _____	
_____	city _____ state/province _____ zip/mail code _____ country _____
Daytime Phone (____) _____	Fax (____) _____
E-mail _____	

GUEST REGISTRATION(S)

\$25 per person includes badge, Sunday lunch and Tuesday lunch

name _____	nickname for badge _____
name _____	nickname for badge _____
Membership Type(s)	Employment Affiliation(s)
<input type="checkbox"/> ASA	<input type="checkbox"/> 1. University or College (not student)
<input type="checkbox"/> SSC	<input type="checkbox"/> 2. Business Industry
<input type="checkbox"/> IASS	<input type="checkbox"/> 3. Government (Federal, state, local)
	<input type="checkbox"/> 4. Student
	<input type="checkbox"/> 5. Non-Profit Organization
	<input type="checkbox"/> 6. Other

REGISTRATION:	
\$350 - Before May 22 (Advanced)	\$ _____
\$450 - After May 22 (Late)	\$ _____
no. persons _____	
Guest Registration: _____ @ \$25	\$ _____
(include names above)	
Short Course: _____ @ \$50	\$ _____
TOTAL DUE	\$ _____
(complete payment section below)	

☐  This meeting is ADA accessible. Please check here if you need special services due to a disability and attach a statement regarding your disability needs.

☐ Abstract for contributed paper is attached

FOR OFFICE USE ONLY	
Date Processed _____	
Processed by _____	
Batch Date _____	
Batch No. _____	

PAYMENT

☐ Check made payable to American Statistical Association (in U.S. \$)

☐ Money Order (in U.S. \$)

☐ Visa ☐ MasterCard ☐ American Express ☐ Diners Club
(no other cards accepted)

card number _____ expiration date _____

name as it appears on card _____

cardholder's signature _____

CANCELLATIONS received by May 22 will be refunded less \$50. May 23 - June 9 will be refunded less \$150.
REQUESTS FOR REFUNDS RECEIVED AFTER JUNE 9 WILL NOT BE HONORED.